



Domestic Mutual, Domestic Mutual Fire  
or Cooperative and Assessment  
Fire Insurance Companies

FOR CALENDAR YEAR 20\_\_

FOR OFFICIAL USE ONLY

3 2 / 2 0 / 0 0 1 / 2  
Tax Year Pmt. Code Tr.

Account Number \_ \_ \_ \_ \_

INSURANCE PREMIUMS TAX RETURN

FEIN \_ \_ - \_ \_ \_ \_ \_

NAIC/  
TAX ID

Company Name

Home Office Address (Number and Street)

Mailing Address (Post Office Box)

Telephone Number

City

State

ZIP Code

SECTION I—REPORT OF PREMIUMS PAID TO UNAUTHORIZED REINSURANCE COMPANIES

Name of Unauthorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$

Total Premiums Paid to Unauthorized Reinsurance Companies ..... \$

Tax Liability—2% of Total Unauthorized Premiums ..... \$         .

► Make check payable to Kentucky State Treasurer and mail return with payment to:



Mailing Address:

Overnight Address:

KENTUCKY REVENUE CABINET

P.O. Box 1303, Frankfort, KY 40602-1303

1266 Louisville Road, Frankfort, KY 40601

I, the undersigned, declare under the penalties of perjury, that I have examined these returns, including all accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete.

Signature of President or Chief Accounting Officer

Print Name

Date

REPORT PREPARER'S INFORMATION

Signature

Title

Date

Print Name

Telephone Number

**SECTION II—REPORT OF PREMIUMS PAID TO AUTHORIZED REINSURANCE COMPANIES**

Name of Authorized Reinsurance Company	Address	Amounts of Premiums Paid
		\$
Total Premiums Paid to Authorized Reinsurance Companies During Calendar Year 20____ .....		\$

**INSTRUCTIONS**

- This return must be filed by every Domestic Mutual, Domestic Mutual Fire or Cooperative and Assessment Fire Insurance Company pursuant to KRS 299.530 and KRS 304.4-030.
- Complete Section I by listing the name, address and amounts of premiums paid to each ***unauthorized*** reinsurance company during the preceding calendar year.
- Compute your tax liability by multiplying Total Premiums in Section I by 2 percent (.02).
- Complete Section II to report premiums paid to ***authorized*** reinsurance companies during the preceding calendar year.
- File this return on or before March 1.



For additional information, contact the Financial Tax Section at (502) 564-4810.